

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: APPARATUS AND METHODS FOR APPLYING
A STRAP AROUND A BUNDLE OF OBJECTS

Attorney Docket Number:: 720004.535

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 23

Small Entity?: Yes

Petition included?: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Ross
Middle Name::
Family Name:: Armstrong
Name Suffix::
City of Residence:: Grimsby
State or Province of Residence:: ON
Country of Residence:: Canada
Street of mailing address:: 1 Red Haven Drive
City of mailing address:: Grimsby
State or Province of mailing address:: ON
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: L3M 5J7

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Yee
Middle Name::
Family Name:: Chak
Name Suffix::
City of Residence:: Hoquiam
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: P.O. Box 152

City of mailing address:: Hoquiam
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98550

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Donald
Middle Name:: A.
Family Name:: Smith
Name Suffix::
City of Residence:: Aberdeen
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 619 Fairway Drive
City of mailing address:: Aberdeen
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98520

Correspondence Information

Correspondence Customer Number :: **00500**

Representative Information

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/442,345	01/24/03

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Enterprises International, Inc.
Street of mailing address::	P.O. Box 293
City of mailing address::	Hoquiam
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98550-0359

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